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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/489,310			ing Date 21/2000	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY	OTHER THAN OR SMALL ENTITY		
FOR NUMBER FILI			.ED	NUMBER			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		1	N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (f),	or (m))	N/A	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 = *					X \$ =		OR	X \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *				1	X \$ =		1	X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	shee is \$2 addit 35 U	the specification and drawings exc eets of paper, the application size \$250 (\$125 for small entity) for ea ditional 50 sheets or fraction ther U.S.C. 41(a)(1)(G) and 37 CFR			te fee due ach reof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		J	TOTAL	
	APP	SMAL	L ENTITY	OR		ER THAN ALL ENTITY						
AMENDMENT	02/23/2012	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 4	Minus	20	-	0		X \$ =		OR	X \$60=	0
Ä	Independent (37 CFR 1.16(h))	· 1	Minus	3	-	0		X \$ =		OR	X \$250=	0
Ϋ́	Application Size Fee (37 CFR 1:16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOI	R I SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z	Total (37 CFR 1,16())	*	Minus	**	-			x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	-		1	X \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))									1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									nstrument Ex	or kamin	TOTAL ADD'L FEE er:	
** #this *lighted: Number Provicusly Paid For N THIS SCACE to labor than 20; and ***20** / WILLIAM PHILLIPS/ ** If the *lighted Number Provicusly Paid For 'N THIS SPACE is less than 3, enter '3'.  The *Highted Number Provicusly Paid For '(Total or Independent) is the highted number found in the appropriate box in column 1,												

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